UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 1-12-05 2 Serial/Patent # 10/5/903F					
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
V	Filing				\$ 100
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
	Other				\$
			7 TOTAL AMOUNT OF REFUND \$ /O)		
		8 TO	8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check			
/	Overpayment		C	redit Depo	osit A/C #:
	Duplicate Payment		9 5	5 Ø Q	8320
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
SIGNATURE: John Ander TITLE: Cralegal Speculist PHONE: 308-9140 ext 211					
SIGNATURE: Muder			P	HONE: 308-	9140 ext 211
office:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

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